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Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12850 **(6)**

1. Corporation Name
GILBERT LACROIX, INC.

Principal Place of Business	Mailing Address
1150 ATLANTIC SHORR BLVD #614 HALLANDALE FL 33009 US	1150 ATLANTIC SHORR BLVD #614 HALLANDALE FL 33009 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1992

2. Principal Place of Business (21)	1150 ATLANTIC SHORR BLVD
Suite, Apt. #, etc (22)	608
City & State (23)	HALLANDALE FL
Zip (24) / Country (25)	33009 / U.S.
2a. Mailing Address (26)	1150 ATLANTIC SHORR BLVD.
Suite, Apt. #, etc (27)	608
City & State (28)	HALLANDALE FL
Zip (29) / Country (30)	33009 / U.S.

4. FEI Number: 65-0316689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LACROIX, GILBERT
1150 ATLANTIC SHORE BLVD
#614
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: GILBART LACROIX
82 Street Address (P.O. Box Number is Not Acceptable): 1150 ATLANTIC SHORR BLVD.
83: # 608
84 City: HALLANDALE **FL** 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] GILBART LACROIX (NOTE: Registered Agent's signature required when reinstating) DATE: 02/2[illegible]/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LACROIX, GILBERT 1150 ATLANTIC SHORR BLVD #614 HALLANDALE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP GILBART LACROIX 1150 ATLANTIC SHORR BLVD #608 HALLANDALE FL 33009 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] GILBART LACROIX 02/[illegible]/98 954-454-0288

CR2E034 (10/97)